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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	HON 1448-015
	First Named Inventor	Bhattacharya
	COMPLETE IF KNOWN	
	Application Number	09 / 577,776
	Filing Date	May 24, 2000
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADHESION PROMOTER APPLICATION SYSTEM AND PROCESS

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **05/24/2000** as United States Application Number or PCT International
Application Number **09/577,776** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
None			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	
None		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION -- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
None		

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number <input type="text"/>		<input type="checkbox"/> Registered practitioner(s) name/registration number listed below	
Name	Registration Number	Name	Registration Number
Jeffrey S. Standley	34,021	Alan T. McDonald	28,099
Eric M. Gayan	46,103		
Carol G. Stovsky	42,171		
Jeffrey C. Norris	42,039		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Jeffrey S. Standley		
Address	Standley & Gilcrest LLP		
Address	495 Metro Place South, Suite 210		
City	Dublin	State	Ohio
Country	USA	ZIP	43017-5319
Telephone	(614) 792-5555	Fax	(614) 792-5536

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Shubho		Bhattacharya	
Inventor's Signature		Date	6/28/00
Residence City	Columbus	State	Ohio
Country	USA	Citizenship	India
Post Office Address	2271 Palmleaf Ct.		
Post Office Address			
City	Columbus	State	Ohio
Country	USA	ZIP	43235

☒ Additional inventors are being named on the ² supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Laura				McBride			
Inventor's Signature	<i>Laura McBride</i>					Date	6/23/00
Residence: City	Powell	State	Ohio	Country	USA	Citizenship	USA
Post Office Address 89 Highmeadows Circle							
Post Office Address							
City	Powell	State	Ohio	ZIP	43065	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Yoshihiro				Yamamoto			
Inventor's Signature	<i>Yoshihiro Yamamoto</i>					Date	7/5/00
Residence: City	West Bloomfield	State	Michigan	Country	USA	Citizenship	Japan
Post Office Address 7366 Westbury							
Post Office Address							
City	West Bloomfield	State	Michigan	ZIP	48322	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Shojiro				Takeuchi			
Inventor's Signature	<i>Shojiro Takeuchi</i>					Date	24/07/00
Residence: City	FRACC Providencia Jal	State		Country	Mexico	Citizenship	Japan
Post Office Address 2782-5 De La Calle Colomos							
Post Office Address							
City	FRACC Providencia Jal	State		ZIP		Country	Mexico

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<h2 style="margin: 0;">DECLARATION</h2>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Saul Gonzalez				Gutierrez			
Inventor's Signature						Date	24/03/00
Residence: City	Parques Colon Zapopan Jal	State		Country	Mexico	Citizenship	Mexico
Post Office Address ISLA Mexiana 2983-14							
Post Office Address							
City	Parques Colon Zapopan Jal	State		ZIP		Country	Mexico
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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